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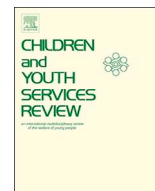
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Deconstructing doing well; what can we learn from care experienced young people in England, Denmark and Norway?

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ABSTRACT

This paper addresses the conceptualization of ‘outcomes’ for care experienced people through an in-depth longitudinal study of 75 young adults in Denmark, England and Norway. ‘Outcome’ studies have played a crucial role in raising awareness of the risk of disadvantage that care experienced people face, across a variety of domains including education and employment. These studies may have an unintended consequence, however, if care experienced people are predominantly viewed, and studied, through a problem-focused lens. The danger is that policy and research neglects other – perhaps less readily measurable – aspects of experience, including subjective understandings – what matters to care experienced people themselves. Our analyses are based on an in-depth qualitative longitudinal study, which explored meanings of ‘doing well’ over time among care experienced people (aged 16–32), all of whom were ‘successful’ in relation to traditional indicators of participation in education and/or employment (including voluntary work). Across countries, their accounts revealed the importance of attending to subjective and dynamic understandings of ‘doing well’, and the significance of ordinary, mundane and ‘do-able’ lives. Participants’ narratives highlight aspects of doing well that raise challenging questions about how traditional outcome indicators – and corresponding policy priorities – might better capture what young people *themselves* see as important. A narrow interpretation of outcomes may lead to *misrecognition* of what it means to do well, and so to a stigmatizing ‘way of seeing’ care experienced lives. A broader conceptualization of outcomes is necessary to recognize – and so to develop policy and services to support – the complex, dynamic relationality of doing well.

1. Introduction

A substantial international literature has documented that care experienced people face heightened risk of disadvantage across multiple domains – including education, employment, housing, financial security, health and involvement in crime (Backe-Hansen, Madsen, Kristofersen, & Hvinden, 2014; Berlin, Vinnerljung, & Hjern, 2011; Courtney et al., 2011; Vinnerljung & Sallnäs, 2008). This research has played a key role in highlighting the support needs for young people in and after care, and informing the development of policy and professional frameworks. However, a focus only on risk could have an additional, unintended consequence. If care experienced people are predominantly viewed (and studied) through a problem-focused lens, policy and professional approaches may become dominated by an inadvertently stigmatizing hegemonic discourse, focused on measurable risks and outcomes. As Tyler and Slater (2018:731) write, this is not ‘primarily a problem of individual beliefs and actions’, but rather engenders socio-political stigma: ‘a way of seeing, classifying and understanding a vast array of discriminatory social attitudes and practices’

(op.cit.: 729; see also Parker & Aggleton, 2003). Applying this understanding of stigma to research with young adults who have been in care raises critical conceptual questions which frame our approach. Is it possible that dominant ways of ‘seeing, classifying and understanding’ outcomes might unintentionally function to produce and reproduce social inequality, if risk-focused research contributes to an assumption that care is associated with lifelong problems? To quote Gruber (1989:617) analysis of Foucault’s critique of the liberal individual:

Attaining individuality is not graduating to a subjectivity that would exercise autonomy and spontaneity; in the institutions, discourses, and practices of the human sciences, individuals are constituted as the particular objects that have a dynamic of subjectivity. They are built so that they must be constantly in search of themselves and, ironically enough, so that they perpetually fail the criteria set for them and thus need ceaseless effort and re-examination, re-immersion in that which forms them.

Inspired by this, our starting point is that defining and measuring outcomes for care experienced people cannot be seen as a neutral

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activity, but has a political function and consequence in the (re)production of inequalities within social and policy contexts. The focus on standardized outcome indicators, achieved (or not) within normative timeframes, implies a narrowly defined hegemonic discourse of success. What may be missed if understanding is limited to those dimensions? This question demands attention to less readily measurable aspects of complex and dynamic lives, recognizing the ways in which they are situated in space and time and in socio-political contexts, and simultaneously paying attention to how care experienced young people themselves understand doing well.

A similar argument is raised by Rees and Munro (2019), who highlight critical considerations in conceptualizing “success” in research with children in out of home care. They argue that what constitutes success must be viewed holistically and is dependent of several aspects in the child’s life, also underlining how success is a relative and contextual concept. Thus what constitutes success will vary depending on who you ask (the child, their family, their carers, their social workers and so on). While acknowledging that educational attainment is one form of success, by focusing on education only, these authors warn that other important aspects may be overlooked. Such arguments imply a need to think differently – and more broadly – about what it means to do well, in line with a growing body of research that highlights the need to attend to the subjectivities of care experienced people’s lives, everyday and over time (see for example Brady & Gilligan, 2018; Join-Lambert, Boddy, & Thomson, 2020; Rees, 2019; Reimer & Schäfer, 2015). In this paper, we examine how such understandings can enrich and diversify the conceptualization of ‘outcomes’. Our core aim is to build critical insight into the situated subjectivities of ‘doing well’ by learning from the perspectives of young care experienced adults in England, Denmark and Norway.

Our focus on the subjectivities of doing well has synergies with research concerned with the definition of wellbeing, and more specifically, the wellbeing of care experienced people. The term wellbeing ‘is conceptually muddy’ (Morrow & Mayall, 2009; 221); it has no single agreed definition, but is generally recognised to be multifaceted, involving myriads of components (Asher, Cassas, Frønes, & Korben, 2013; Huppert & Ruggieri, 2018; Seligman, 2011). In research on childhood wellbeing, a further challenge is the tendency to rely on adult-defined indicators rather than children’s own priorities and perceptions (see Morrow & Mayall, 2009; Rees, Goswami, & Bradshaw, 2010). Selwyn and colleagues’ research (Selwyn, Wood, & Newman, 2017; Wood & Selwyn, 2017) used group interviews with 140 looked after children and young people (5–24 years) to develop a framework for assessing wellbeing, highlighting dimensions including relationships, rights, resilience and recovery. Rees and Munro (2019) qualitative research also illuminates subjective wellbeing from the perspective of care experienced children, noting the importance of, for example, warm and respectful relationships with carers and their families, and the significance of ongoing contact with biological parents. Bazalgette, Rahilly, and Trevelyan (2015) reported that children in care and ‘care leavers’ emphasized the importance of safety and stability when defining emotional wellbeing. These studies underline the importance of a holistic and contextualized understanding of “doing well”. Iyer, Boddy, Hammelsbeck, and Lynch-Huggins (2020) have also highlighted the need to attend to the multiple temporalities of wellbeing for care experienced children, drawing a distinction between wellbeing in their everyday lives, through time in care (e.g., placement stability), and after leaving care and into adulthood.

Research with care experienced people (children or adults) has often focused on trying to ascertain *levels* or *predictors* of well-being (e.g., Dinisman, Zeira, Sulimani-Aidan, & Benbenishty, 2013). Our intention with this paper is different. We aim to interrogate the conceptualization of ‘outcomes’ in care experienced lives by exploring the subjectivities of doing well for care experienced people in our sample,

in order to illuminate the limitations of normative definitions of outcomes and to propose an alternative understanding. To paraphrase Fattore, Mason, and Watson (2009) critique of the socio-political discourses that have driven approaches to child wellbeing research and policy, we seek to value care-experienced people as ‘knowers’ and their knowledge and experience as significant’ (op.cit. p58). Our approach is informed by previous research concerned with elevating the voice and perspectives of young people in care, and with understanding the subjectivities of wellbeing in context.

We are also concerned with the risk that individualistic conceptualizations of well-being or ‘well-doing’ for care experienced people neglect the sharpened role and responsibilities of the state as ‘corporate parent’ (in the English terminology) for young adults who have spent time ‘in care’. By examining the subjectivities of doing well for care experienced people in three European countries, our cross-national perspective helps to problematize individualizing conceptualization of success by recognizing how possibilities for doing well are framed by layers of contextual factors including the role of the state (Brannen & Nilsen, 2011). Rather than focusing on pathways to particular outcomes, or what makes life go better or worse at different times – questions which are discussed in other publications from the project as well as in existing literature (e.g., Boddy et al., 2019; Groinig & Sting, 2019; Hanrahan, Boddy, & Owen, 2020; Natalier & Johnson, 2012) – the analysis for this paper starts from a different place: aiming to illuminate strengths and achievements that might otherwise be overlooked – rendered invisible or devalued because they are not captured by conventional indicators.

Following from Gruber (op.cit.) above, if public and policy discourse defines the ‘care experienced person’ by their risk of poor life chances – institutionally constituted as subjects at risk of perpetual failure – what might this mean for how young people understand themselves, as well as for how they are understood by others? Given that young people who encounter care systems already have to manage the complex and adverse experiences and relationships that led to their placement, the dominance of a risk-focused discourse might inadvertently add to the burden they carry. Recognition of the dynamic and contingent subjectivities of ‘doing well’ can challenge the perpetuation of socio-political stigma, in Tyler and Slater’s (op.cit.) terms, demanding attention to the structural inequalities that care experienced people encounter and hence inspiring child welfare systems to prioritize support, through childhood and beyond, across a broad range of domains. This is not to argue against support for traditional normative pathways such as education and employment, but rather to emphasize that young people are not defined by those indicators because they happen to have been in care. Support systems must engage with the diverse and dynamic complexity of what matters to people in their lives.

2 Background

2.1 Individualism and reductionism

Academic literature and administrative data on ‘outcomes’ for care experienced people have often relied on measurable indicators of normative ‘success’, such as achieving on-time educational milestones or engagement in employment (Dinisman et al., 2013), and/or on negatively framed indicators, such as receipt of social benefits, involvement with the criminal justice system, young motherhood, or categorization as ‘NEET’ (Backe-Hansen et al., 2014; Courtney, Dworsky, Lee, & Raap, 2009; Vinnerljung & Sallnäs, 2008). These normative frameworks have clear value in highlighting the complex inequalities faced by care-experienced people in comparison to the general population, demonstrating a critical and ongoing need for policy and practice to address the challenges they face. However, this framing raises a critical tension,

reflecting the focus on individuality in modern neoliberal societies, with less recognition of the implications of structural inequalities, as highlighted by Scrambler (2018:777) in his analysis of stigma, shame and neoliberalism:

It has become harder to enlist people to fight for others than it has to 'other' the vulnerable.

In the context of care experienced lives, this tendency has several consequences. First is the risk that evidence of difference in outcome indicators for care experienced people is understood as characteristic of those people as *individuals*, representative of their otherness, rather than being recognized as indicative of structural inequality and the chronic and complex challenges they face through their lives (before, during and after their time 'in care'). The tendency of turning social structural inequalities into individual responsibilities has also been pointed out in relation to the concept of youth wellbeing. McCloud and Wright (2016: 780) analysed this concept of wellbeing in a historical and social policy perspective and commented that:

'youth wellbeing' also arises in the context of neoliberal imperatives for responsibilization and the well-documented ways in which young people are solicited into this process [...]. Wellbeing discourse is thus aligned with wider social processes of individualization, reflecting the imbrication of neoliberalism and therapeutic culture.

There is also risk of othering through reductionism: by limiting the definition of what it means for a care experienced person to 'do well' to what are effectively indicators of economic potential/productivity or of cost to society, we (as researchers, policy makers and professionals) fail to attend to the rich dynamic and relational complexity of lives lived. In doing so, we risk reinforcing a stigmatizing construction of care experienced people as something other. These tendencies are likely to shape care experienced people's biographies in multiple ways – for example, by informing the priorities established in the policy and services designed to support them, as well as through the micro-sociological interactions of everyday lives in time.

2.2 Attending to subjectivity, relationality and temporality

By engaging critically with the conceptualization of 'outcomes', this paper challenges the stigmatizing 'othering' of care experienced people. Our aim is to view participants' accounts holistically, learning from their understandings of what matters to them in their lives over time. Informed by other analyses in this project (see below) as well as other literature on experiences of leaving care, we identified the following three areas as critical for reconceptualizing 'outcomes'.

First, we attend to *subjectivity*, prioritizing what young people themselves see as important when asked what they understand by doing well, thus adding to a growing body of literature that aims to bring forward the perspectives of care experienced children and young adults (Paulsen & Berg, 2016; Rees & Munro, 2019). This includes recognizing the ordinary and incorporating an *everydayworld* orientation (cf. Join-Lambert et al., 2020; Rees, 2019) paying attention to what might be missed when research focuses on normative and readily measurable outcomes, as well as exploring the social meaning of the mundane in quotidian lives in time (cf. de Certeau, 1984).

Second, to address the risk of reifying the individual, autonomous subject, we attend specifically to *relational interdependency*, taking account of mutuality and connections between people (Storø, 2018) – and the importance attached to key relationships by young people themselves – as well as the ways in which formal and informal resources intersect to create and constrain possibilities in young adults' lives. Thus, our concern with relational interdependency is not *only* about interpersonal relationships. Attention to relationality necessitates recognition of wider (inter)dependencies: affordances for 'doing well' are dependent on child and youth welfare provision and wider socio-

political contexts, albeit often mediated through interpersonal relationships with state actors, such as social workers or educators. The significance of relationality has been highlighted in other analyses and publications from this study: writing about Norway, Bakketeig and Backe-Hansen (2018) reported that the relationship between the young person and the caseworker seemed to be closely linked to receiving timely and flexible support; in cross-national perspective, Boddy, Bakketeig, and Østergaard (2019) discussed the critical role of supportive (formal and informal) relationships in scaffolding young adults through times of transition, such as changing relationships or leaving full-time education. These findings are of course consistent with a large body of research within youth studies and child welfare: transitions through early adulthoods are inherently relational processes (e.g., Hellevik, 2005; Paulsen & Berg, 2016; Skattebol, 2011; Storø, 2018; Thomson, 2009).

Finally, our analysis challenges the tendency to see 'outcomes' as 'endpoints' at a fixed point in time, by engaging with *temporality*. As we have written elsewhere, we live in a historical and political period which is characterized by heightened precarity for young adults, and this is experienced most sharply by those – including care experienced adults – with fewer economic and intergenerational resources to scaffold them through uncertain times (cf. Boddy et al., 2019; Skattebol, 2011). Life entails ups and downs for care experienced young people as for everybody else, but care experience is likely to be associated with distinctive additional challenges, both in relation to the impacts of complex and adverse experiences, and in the structural and economic inequalities that they must navigate, particularly when they are less likely to have informal networks and resources than other young adults. Our analysis therefore recognizes young people's experiences as situated within *historical* time, acknowledging the distinctive challenges facing contemporary youth in Europe. In addition to our concern with *everyday* lives, and thus quotidian temporality (as noted above), by employing a qualitative longitudinal approach, the research also illuminates how both relationships and subjective understandings of doing well are temporally fluid, shifting over *biographical* time, as our participants navigate young adulthoods (Thomson et al., 2004; Thomson, 2009).

Linking temporality, relationality and subjectivity in this way affords new critical insight into the conceptualization of outcomes as neither fixed nor linear. In a rich cross-national dataset, our analysis focuses on these three conceptual resources because they directly inform our objective of re-thinking 'outcomes', and so challenging potentially stigmatizing and taken-for-granted assumptions about what matters in policy and practice with young people in and after care.

3. Methods

This paper reports analysis from a study called *Against All Odds*? funded by the Research Council of Norway; the project as a whole was focused on building new understandings of positive pathways through care and into adulthood by addressing two main research questions:

- what are the meanings of 'doing well' for care experienced young adults?
- what contributes to 'doing well' in their view – what do they see as important?

The focus of this paper is on the first research question; another cross-national publication from the research has addressed the second question in relation to participants' experiences of navigating transitions in early adulthood (Boddy, Bakketeig et al., 2019). The cross-national approach makes it possible to take account of the ways in which these questions are situated within wider frameworks of influence, including child welfare systems and the broader state provision, shaping the social, economic and cultural contexts of individual lives.

The study combined secondary analysis of administrative data with

in-depth qualitative longitudinal research and a cross-national documentary review enclosing policy framework and legislation (Boddy, Lausten, Backe-Hansen & Gundersen, 2019).¹ The total sample for the qualitative longitudinal research was 75 young people: 21 from England (aged 16–32), 30 from Denmark (aged 16–32) and 24 from Norway (16–32).² All had been in care and were either in education (Norway: 15; Denmark: 25; England: 12); employment (Norway: 9; Denmark: 5; England: 8) or training (none in Norway or Denmark, one in a workplace apprenticeship in England) at the time they were recruited to the study. It is important to note too, that all were prepared to take part in a study concerned with challenging stigma and building new understandings of what it means to do well, and so were prepared to identify themselves in this way. Nonetheless, and while the sample was diverse in many respects, all had experienced adversity (of different kinds) during their childhood and upbringing. This adversity is not in the centre of our attention here. Rather we bring forward what they underline as important in their understandings of what it means to ‘do well’ – although, unsurprisingly, their narratives reveal how life experiences shape those insights.

To maximize the diversity of the sample (including geographical location and placement history), we used a variety of sources to recruit participants, including: non-governmental organizations that support or advocate for children in care or leaving care, child welfare workers, local government leaving care and participation services and social media. Some participants were also recruited by the snowball method, when young people suggested others they knew who would fit the sample criteria. The aim was not to construct a sample that was representative of the care experienced population in each country, but rather to incorporate a variety of perspectives in order to build critical understanding in relation to our research objectives.

Participants were interviewed at three points in time, in two main waves, using a multi-method qualitative longitudinal approach, which aimed to gather information about their past, present and imagined future lives. The first interview gathered information about their current life situation and their life history; a life chart was used to map biographical experiences related to living situation, family, education/employment and leisure time. Participants were also asked to take pictures that represented things (or people) that were important for them in their lives. In Denmark and England, they were also asked to choose a piece of music with positive associations that would help show what is important in their lives.³ After approximately two weeks, we conducted a second interview about their photos, and choices of music

where relevant, as well as asking about their aspirations regarding their future lives. Approximately a year later, people were interviewed again, focusing in particular on what had happened during the last year, as well as looking to the future again, and focusing on the same life areas as in the first interview.

Ethics considerations were integral to the research process from planning and formulation of research questions, through data collection and analysis, and in publishing and dissemination.⁴ As McCabe and Holmes (2009:1522) write, this also entails being reflexive about our research position, ‘cognizant of one’s views and social position and of the effect that these may have on the research process and those being researched’. In this light, it is crucial to recognize our own relatively privileged and powerful positioning as researchers – as white European middle-class professionals employed to study and draw conclusions about other lives. Throughout our work, we have sought to hesitate and reflect on the implications of this for our methodological and analytic decision-making, and for our own understandings of what ‘doing well’ means, within a critically engaged ethical approach (Staunæs & Kofoed, 2015).

In the context of a reflexive ethical approach, the use of creative methods serves several purposes, including encouraging participation, enabling richness of data, and disrupting conventional modes of interviewing and power relationships (Bagnoli, 2009; Hammond, Cooper, & Jordan, 2018; Join-Lambert et al., 2020; Mannay & Staples, 2019; Ravn & Østergaard, 2018; Wilson, 2018). The use of photography and music functions to disrupt ‘deficit and damage-based seeing’ (Luttrell, 2020:15), lifting up participants’ visions of what they see as important in their lives, giving them time to reflect and make decisions about what to represent in between interviews. Discussion of the photos means that their visual representations provide a scaffold for eliciting their perspectives – helping us to learn, and see, differently. In addition, by sharing the pictures and music in the communication of learning from the project our aim is to help to encourage policy and practice response by ‘opening imaginative spaces in which we can see [...] why it matters’ (Luttrell, 2020:14).

The analysis presented here follows a case-based approach, combining phenomenological and hermeneutical approaches and attending to the particularities of each biographical story over time (Malterud, 2012). Researcher reflexivity has been essential in working cross-nationally with the data, with close discussions regarding similarities and differences across countries in order to avoid misinterpretations. Preparing for this paper, at least one researcher from each country worked through their national data in order to identify what people highlighted as important in their understanding of doing well. These national extracts were subjected to a second analysis where researchers across countries worked together to interrogate the cases. The aim was not a systematic comparison of cross-national differences, but rather, we held cases alongside each other to explore commonalities and differences within and between countries, considering each case within a situated analysis that included (but was not primarily driven by) national contexts. From this inductive analysis, we chose the approach for the paper.

The discussion that follows is shaped by the theoretical framing outlined above, and in particular by attention to subjectivity, relational interdependency, and temporality. We focus on four interconnected areas that, together, lay the ground for a reconceptualization of ‘outcomes’ following care. First, participants across all three countries often offered narratives that were situated in relation to dominant **normative expectations** for successful adulthood, and/or deficit-focused framings of care experienced people. Considering these together helps to understand the ways in which care experienced people have to navigate

¹ Country-specific publications from this project have addressed meanings of family for care experienced people in England (Boddy, 2019); the significance of relational and flexible support in Norway (Bakketeig & Backe-Hansen, 2018); disrupted pathways to educational attainment in England (Hanrahan et al., 2020); and the use of music as a method for studying life stories in Denmark (Ravn & Østergaard, 2018).

² In England, ethics approval was given from the University of Sussex (ER/JMB55/2). The Norwegian component of the project was approved by the National Centre for Research Data. In Denmark, the project was approved by the Danish Data Protection Agency and followed ethics standards in line with the Helsinki Declaration and the Danish Council for Independent Research (There is no central institutional board for ethical approval of social science studies in Denmark).

³ Music as an elicitation method has been relatively less used than visual methods (see Wilson, 2018 for a notable exception), and in Norway one team member was concerned that it could be unduly emotive for participants, hence it was not used. To safeguard against this risk in Denmark and England, (a) participants were invited to share a piece of music that had positive associations and helped to show what doing well means for them, and (b) care was taken to ensure that no one was pressured to share music – and participants also had a week to plan their music choice or to decide not to share music. In practice, almost all participants were happy to discuss music choices; although a few chose not to play their music choice to the researcher, some also shared multiple songs and several highlighted their enjoyment of the task.

⁴ All names used in cross-national analysis and in publications from the study are pseudonyms (chosen by us), and potentially identifying details have been removed or amended to ensure anonymity in the presentation of participants’ accounts and photos.

external expectations about what doing well *should* mean in their lives. One key way in which our participants resisted normative conceptualizations of externally measured success was through an emphasis on **the importance of everyday life**; attention to quotidian temporalities also demonstrates why the apparently mundane is so significant for doing well. We subsequently turn to **relational understandings** – consistently emphasized by participants across countries in narratives that can be seen to challenge dominant constructions of the autonomous individual subject as the benchmark of successful adulthood (McDowell, 2012; McLeod & Wright, 2016). Finally, we return to **questions of temporality**, documenting experiences of change over time within our longitudinal study, through narratives that resist the conceptualization of outcomes as endpoints, revealing that ‘doing well’ is an ongoing project with multiple facets and ups and downs.

Rather than attempting to summarize 75 complex qualitative longitudinal accounts within a single article, we have selected *emblematic* cases (following Thomson, 2009) that illuminate the different thematic areas indicated above. The participants whose lives and stories we include here are chosen because their accounts of what ‘doing well’ means in their lives serve to illuminate the theorization of ‘outcomes’; they are not chosen as representative of the sample or of care experienced people more generally, but allow us to ‘think with’ theory and data together (Mazzei & Jackson, 2012). We discuss narratives from 15 participants (six from England, five from Denmark and four from Norway); ten women and five men who were aged between 17 and 29 at the beginning of the study.

4. Findings

4.1. To ‘live a life that you feel is good’: Navigating normative expectations?

Across all three countries, participants highlighted the diversity and subjectivity of ‘doing well’. Josefine (17 years old, from Denmark) explained:

To do well, it can be many things, but most importantly, that you are satisfied with your life as it is.

Her comment underlines that doing well may take many different forms, but what matters is accepting your life as good as it is. Peter (23 years old, from Norway), made a similar point:

The most important is to live a life that you feel is good for you, each individual will have a different perspective on what this means.

In England, Rebecca (19 years old) also defined doing well in terms of a life that feels good, resisting normative externally defined markers of ‘success’. She explained:

I think if I could answer the question, are you happy with where you are at? And I can say, yes, I can say really, yes I’m happy with how I’m living or what’s going on in my life. That to me is successful, I could be living in a caravan just writing, not really socialising if I was happy doing that. [...] I mean I want enough money to be able to survive essentially, like live comfortably, but I don’t have a huge reliance on anything materialistic. As long as I enjoy my job that’s something I think, if I enjoy my job I’d say that was a success. Because it could be low paid and amazing or high paid and awful and obviously I would choose lower paid but amazing. Just because, growing up on a council estate with literally having pretty much no money but the minimal benefits my mother got from the council I know what it’s like to live a very poor life. For myself personally obviously it’s nice to have the little luxuries but I have no reliance on them, I’m perfectly content with the minimal things, do you know what I mean?

Also in England, Toby’s (19 years old) account set out resistance to dominant expectations. He argued that care experienced people had a broader understanding of what ‘doing well’ might mean than other young people who ‘would mean that they’ve got a good job, they’ve got

good money, they are happy in their life’. He went on to explain that he purposely keeps his own expectations low:

I’m a pessimist with optimism. So I look at the worst situation possible. I say, ‘the worst situation possible is going to happen’, so when it doesn’t happen, I’m happy, it’s all good. That is the way I look at it. [...] And I say that in every subject, keep your expectations at the ground, cause then anything that anybody does, always be better. [...] Like, every time I wake up in the morning, I’m like ‘I’m alive!’

Toby was attending college at the time of recruitment to the study, but in our first interview he explained that he was being forced to leave because of his poor attendance. His comments need to be read in this light – they can be seen as a way of resisting conventional expectations, but could also be seen to situate his change of educational status as still being better than the ‘worst situation’ that could arise.

Rebecca, Peter and Josefine were more clearly ‘doing well’ by objective indicators: Peter was securely employed and Josefine and Rebecca were in high school and university, respectively. But, like Toby, they did not define success in those terms. Considered together, their comments highlight the need to recognize and respect diverse subjectivities. Strikingly, when Rebecca speaks of living in welfare poverty as a child, she is not seeking to distance the possibility of ‘doing well’ from that adversity. Rather, she draws on this personal experience to emphasize her point that money is not necessary to ensure happiness. These informants’ resistance of traditional normative outcomes does not mean that they are not interested in work or education, it was just not what they emphasized. Perhaps they are holding back on the expectations they make of themselves – like Toby, in order not to be disappointed – but (as Toby and Rebecca both argue) their life experiences may also have contributed to distinctive priorities in their understanding of doing well.

While Peter, Rebecca, Josefine and Toby resisted definition of success in terms of normative outcomes, it is perhaps unsurprising that many others mentioned the significance of attaining an education, a job and a family. Their comments can be understood to reflect wider societal expectations of youth, as well as corresponding to the indicators that are prioritized in studies of outcomes for children in care. These findings are consistent with Rees and Munro (2019) research in Wales involving children in care who were aged 7–15 years, which also found that participants emphasized both normative priorities – such as achievement in school – as well as less readily measurable outcomes such as happiness and positive relationships.

In our research, some participants also discussed ‘doing well’ in terms of an absence of poor outcomes, accounts that could serve both to resist (for the self) and reinforce (for the other) dominant risk-focused macro-narratives associated with care experience. For example, Sofie (29 years old, from Denmark) talked about the importance of not relying on welfare support. At the time of her first interview she had just finished a Bachelors degree. She was also a single mother. By the time of our final interview, Sofie’s mental health had meant she had to discontinue her Masters education, but she refused to go on welfare and worked, despite her caring responsibilities. Sofie had been placed in care as a consequence of her mother’s mental illness, and during her teens she had also spent a period hospitalized in a psychiatric institution herself. When asked what doing well is for her, she explained:

Doing well is not to be on public support. [...] If you have ever tried to be a part of that system, well we have had because we lived at the institution when I was [age], but then I just think that you get a different perspective on it... Then we [she and siblings] think that we would never ever...

Her comments evoke her first-hand knowledge of how hard it is ‘to be a part of that system’, but arguably, they may also reflect her recognition – and resistance – of the negative connotations or stigma that society ascribes to public support. Natalie (21 years old, from England) also reflected on stigmatized expectations of care experienced people, and young women in particular. Talking critically about a friend who ‘just gets



Fig. 1. Betty's picture of her car.

with them [boys] like that' she observed that 'it's kind of like a stereotype of a person that's in care'. Both Sofie and Natalie's comments reveal the importance for them of keeping a distance from what they understood as common negative conceptions of care experienced people.

4.2. A 'do-able life' and the importance of the everyday

Participants' narratives of doing well often emphasized the significance of 'mundane' aspects of quotidian life. As [de Certeau \(1984\)](#) argues, the practice of everyday life may function to reproduce and/or resist social norms, and participants' emphasis on the mundane and quotidian can be seen as both confirming *and* resisting normative understandings of success in early adulthood. Other studies have highlighted the importance of aspects of everyday lives – such as food practices, or access to digital technologies – for young people in care (e.g., [Emond, McIntosh, & Punch, 2014](#); [Join-Lambert et al., 2020](#); [Rees, 2019](#)), recognizing the distinctive significance and symbolism of these things in the context of young people's biographical experiences. This was apparent in narratives of doing well in everyday life, for many young people across countries in our study. Betty (26 years old, Norway) summed this up in terms of her aspirations for a 'do-able life'.

At the time of our first interview, Betty had a part-time job, and was engaged in voluntary work for an organization concerned with care experienced people. Betty saw herself as doing well at the time of the interview, but also spoke of struggling with issues related to her experiences before and during her time in care. In this biographical context, the routine practices that constitute a 'do-able life' had particular significance for her. Betty spoke about the importance of exercising and eating healthily, and by our third interview, she managed to go swimming without someone accompanying her, something she had found difficult previously (and which she related to experiences in her childhood). By the time of our third interview, Betty was no longer in paid employment, but was still doing volunteer work whilst on disability benefit. Yet, from her own perspective, she recognized that she is doing well, explaining:

The most important is that you feel that you get by, that I think like that my aim is that life shall be do-able.

Like most people in our study, Betty had experienced significant adversity during her childhood. But as she said:

I won't have a fantastic childhood or know what that is, but at least I can make my life do-able.

Her comments give new insight into Peter's and Josefine's emphasis on recognizing subjectivity. From the privileged perspective of the researcher, child welfare professional or policy maker, there might be a risk of failing to recognize and value Betty's success on her terms, to appreciate why going swimming by herself was such an important achievement. Her experience also highlights the importance of structural support – the disability benefit – not as an *absence* of success, but as a critical scaffold *for* success, ensuring that life is do-able for her in ordinary ways. For Betty, the Norwegian welfare state's provision of disability benefits means that she has the financial resources necessary to live manageably with complex ongoing needs – for example, enabling her to maintain the car that she relies on. In choosing to share a picture of that car ([Fig. 1](#)), Betty not only highlights the significance of the mundane, her account reminds us of how social and political structures – including welfare systems and after care support – shape possibilities for doing well in everyday life.

Toby (19 years old, from England, also quoted above) gave a detailed account which again evoked the significance of 'ordinary' doing well. He explained that he loves cooking for himself and others⁵ and loves where he lives – both his flat and his peaceful neighborhood with good neighbors. He spoke of spending time in his local park, and talked about the importance for him of being in nature, describing aspirations to have a garden and allotment in future. He also highlighted the importance of his phone and laptop, which, as for many young people (care experienced or not), connect him to the outside world ([Hammond et al., 2018](#); [Thomson, Berriman, & Bragg, 2018](#)). And he talked about the importance of his TV, which he sees as the '*best thing in the world*', the sound of it comforting him when he goes to sleep. Read in the context of his statement (quoted above) about care experienced people having a broader understanding of doing well, Toby's narratives of everyday life illuminate the political significance of the mundane (e.g., [de Certeau, 1984](#)). As with Betty's account, his emphasis on the significance of 'small' ordinary aspects of everyday life for care experienced people prompts the question of how well policy and professional systems recognize and scaffold these priorities.

In Betty's case, we saw how the economic security afforded by disability benefit helped afford her control over the ordinary aspects of daily life, and the importance of this kind of quotidian control was highlighted by several participants across countries. Karina (18 years old, Denmark) spoke about cleaning and doing laundry:

⁵ For other discussions of the significance of food for care experienced participants, see, for example, [Emond et al., 2014](#); [Rees, 2019](#).



Fig. 2. James's picture of his vacuum cleaner.

You feel you have control over things around you. You manage to do what you need to. You go food shopping when you need it. You clean up when it is due. You do your dishes and do your laundry etc.

The importance that Karina attached to having control over quotidian practices – keeping her home clean and shopping for food – is not necessarily related to being care experienced, but it can be understood to have particular significance in relation to her childhood experiences. Karina spoke of experiences as a young child, taking care of a younger sibling and her home, and about getting bullied at school for not being clean. Others in the sample, across countries, who had experienced significant material neglect in childhood made similar observations, and took pictures to represent the importance of everyday practices of cleanliness, such as a toothbrush and a washing machine.

James (29 years old, England) used his interviews and photographs to document the significance for him of doing well in everyday life. His pictures included his ironing board, vacuum cleaner (see Fig. 2), going to the gym, and shopping for healthy food. Looking at his photos all together, James commented:

It's quite a humble life. It's not...it's not grandiose, do you know what I mean? Which I like, I like that idea. Like the ironing board and friends and my car, and where I meditate. It seems quite humble. [...] And I feel like my life seems quite peaceful really from the outside looking in. It seems quite good. Yeah. It's so far removed from where it was.

His observation that the life he has documented is 'so far removed' from his previous experience underlines the significance of the mundane. James had experienced significant adversity both before and after entering care, with multiple placements and a period of being homeless and eventually in prison as a young adult. To have the home and life that he documented in his pictures was, in his words, a 'monumental achievement'. To understand his experience and how he values these 'ordinary' aspects of his life, it is essential to recognize his appreciation of things that others (including us privileged middle-class researchers) might easily take for granted – but which James, through much of his life, could not.

The examples presented in this section help to illuminate why apparently mundane aspects of quotidian life may have particular importance for care experienced people in understanding what it means to do well. Of course, everyday life matters for everyone, but as Scott (2009:2) argues, 'what is mundane and ordinary to one person might be quite extra-ordinary for another'. Attention to the significance of the

mundane is particularly important given the biographical histories of care experienced people, highlighting why control over quotidian practices, and the structural support to ensure a manageable, predictable and structured life, is crucial to understandings of 'doing well'.

4.3. 'Keep repeating his name and I'll be fine': The relationality of doing well

Other studies involving care experienced children and young people have highlighted the need to attend to key relationships in their lives (e.g., Paulsen & Berg, 2016; Rees & Munro, 2019). In our research, participants across countries emphasized the significance of relationships for understanding what it means to do well, indicating the value of a relational (rather than individualistic) understanding of outcomes. Rosa (24 years old, England) spoke about what doing well means to her, in an account that was also gendered in her emphasis on her identity as a mother of a child who is currently in foster care. At our first interview she discussed doing well in terms of her dream of being married to her boyfriend and living with her son – a normative conceptualization of the nuclear family – and she elaborated her narrative with an imaginary of living in a house in the woods, very different to her urban apartment. Also in England, Nicola (25 years old), spoke of wanting a 'nice boring life' where she works part-time or flexibly once she has children. The significance of part-time or flexible working hours may differ between the countries, as welfare benefits and public care arrangements in Denmark and Norway make it easier for women to manage parenthood (however, none of the young people in the Norwegian sample had children).

For both women, the significance of children and family life can be understood to correspond to a gendered imaginary of 'young motherhood as the first act of adulthood' (Thomson, Kehily, Hadfield, & Sharpe, 2011; 2). Nicola explained this in terms of wanting to give her children what she did not have when growing up. Several studies show that young care experienced people may associate parenthood with positive change in different ways, including being better parents than their own (e.g., Svoboda, Shaw, Barth, & Bright, 2012), in terms of closeness, stability and love (e.g., Connolly, Heifetz, & Bohr, 2012) and in providing an accepted role and status (e.g., Haydon, 2003). Nicola's reflections on intergenerational change raise a question of how much discussion of motherhood (or parenthood) as an 'outcome' for care experienced people is overshadowed by risk-focused understandings in child welfare about the reproduction of social problems in the next generation. Other studies have shown that professional responses to young care experienced mothers have 'discursively marked them out as different – as unable to cope – with concerns expressed about their ability to be 'good parents' (Mantovani & Thomas, 2014:75); care experienced mothers are also more often subjected to compulsory safeguarding assessment and intervention (Roberts, 2019). Again, this deficit-focus indicates an individually responsabilizing tendency – it functions as a dividing practice of exclusion and objectification in Foucauldian terms (1982) to increase the distance between "them" and "us", and situate risk within the individual parent (usually the *mother*) and family, rather than in the intergenerational reproduction of socio-economic inequalities. Such understandings are also frequently gendered – as for example in the administrative data returns for England, which record rates of motherhood, not parenthood⁶.

Perhaps unsurprisingly, Rosa's relationship with her (non-resident) child permeated her everyday sense of well-being. She spoke of liking to wake up and look at his artwork that she has put on the walls, and she shared multiple photos of her son, and of her home decorated with his pictures. Through these images, Rosa made clear that, to understand what matters in her life, we must appreciate her care and identity as a mother. She explained that when she is struggling or stressed, thinking

⁶ See: <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2018-to-2019>.

of her child is the only thing that helps: ‘keep repeating his name and I’ll be fine’. However, she also took a picture of a reclining chair where she likes to relax, noting that this was a gift from her foster carers. Both sets of images can be understood as family display (Finch, 2007), demonstrating that doing well is demonstrated by being cared for as well as caring.

The intertwining of caring and being cared for was also highlighted by Sofie (29 years old, Denmark) when in her final interview she highlighted the importance of having friends that she could rely on to take care of her son, and of her son having a good network of friends with supporting parents. In Sofie’s account of doing well, the support that these relationships afford is crucial, helping her (as noted above) to avoid reliance on public welfare. Friends appeared to play a particularly important role in providing support across countries, and that may not be surprising, given that young adults who have been in care cannot rely on family support in the ways that non-care experienced people may take for granted (see also Boddy, Bakketeig et al., 2019). In Norway, for example, Fariha (21 years old) spoke of the importance of friends she made through work, as well as her best friend, who she met through her former foster parents:

She is very like... I feel like she is a little bit like an angel to me because she came during the period of time I had most difficulties.

Fariha, Rosa and Sofie’s experiences remind us how significant relationships shift across contexts and at different biographical periods – becoming a mother, or making friends with the parents of your children’s friends, or through former foster parents, or by working for an organization. Arnau-Sabatés and Gilligan (2015) highlight the ways in which employment functions as an arena for stability and social inclusion, arguing that it has particular value for people who may experience marginalization in other ways. Fariha’s experience reminds us that the organization where she works is also a social place – work matters for doing well because of what it enables in terms of social relationships, not just in and of itself.

Similarly, for Kasper (24 years old, Denmark) work is not the indicator of success, but rather creates affordances for well-being in his daily life. For him work represents structure – which is an important aspect to him, but also freedom,

... because it brings in money and a Saturday off. If you have every day off – then you don’t have freedom [in terms of having time off]. In that case you are trapped in nothing.

Kasper’s need for structure in his life could be interpreted in light of the uncertainties that he faced through a highly disrupted and traumatic childhood, with multiple movements between placements and in and out of care. But his account, and his understanding of doing well, is more complex, framed by his present situation and imagined future life, as well as his past experiences. When we conducted our second interview with him, Kasper had recently moved in with his partner, and he described them establishing their own family practices, with routines like cleaning and cooking. At our final interview, their daily life and future plans had been shaken by a bereavement in the family. Kasper’s comments about the importance of work and structure are shaped by all of these things, by imagined futures, everyday practices, and biographical experiences over time.

Kasper’s song choice for the second interview gave powerful insight into the relationality of doing well. The song he chose to share with us, *I Want To Grow Old With You*⁷, was the first song he played to his girlfriend when they met. His choice of music highlights the significance of this relationship in his life, as he looks back to their first meeting and forward to an imagined future, growing old together. But he also drew attention to lyrics that emphasize how much he values the quotidian

domesticity of their lives. He commented that this is what real love is about, ‘the things that actually exist’:

If you’re reading Shakespeare or any of the other great ones from the time, I’m there. So that’s a big deal, with the eyes that shine like the sun, and piss and shit. And it does not fit. There is no one’s eyes there, because you’re sick. But he just sings that he puts her in bed when she has too much to drink, and enough to take the dishes and they have things there. That is, the things that actually exist. So it’s a little more real, I think.

Kasper’s experience illustrates the need for a more complex, holistic and relational understanding of what it means to do well over time. The adversity and disruption he experienced through childhood is part of his story, but does not define him.

4.4. ‘It turned out well’: Attending to temporality

The longitudinal methodology we employed illuminates the importance of attention to temporality, and the need to recognize that measurable ‘outcome’ indicators are not end-points. Elsewhere, we have written about the ways in which normative times of transition (such as breaking up with a partner) can be rendered highly precarious for young people without adequate support at critical moments (Boddy, Bakketeig et al., 2019). Malene (21 years old, Denmark) highlighted the fluidity of doing well in her interviews, describing it as an ongoing project with multiple facets and ups and downs. She placed emphasis in her interviews on normative pathways through education and employment, as in the first interview when she spoke of the desire ‘to get out and work and be part of society’; she also highlighted economic security and plans to start a family with her boyfriend.

Malene’s sense that doing well is an ongoing project can also be understood in terms of her experience of recovery from substance addiction. At the time of our last interview she mentioned that she had recently taken drugs again when away with a friend – she expressed sadness about this, but said it reinforced her certainty that she does not want to start using drugs again. As this example shows, Malene continued to deal with challenges in her life, and so for her (as for many people in our study) doing well entailed keeping going, even if she sometimes stumbles. Her aspirations also changed over time: at the first interview she had no plans for higher education, although she said she hoped her (future) children would, but by the follow up interview she had plans to apply for a higher education course. Throughout, she expressed pride in herself, and – as she explained – this depended on her recognizing that her educational struggles with school were not about lack of intelligence:

I have found that after I started in high school that I am super intelligent [...] but I simply did not have the peace to learn it all. This is simply what did it.

Her comments reinforce the importance of recognizing the additional challenges that care experienced people face, rather than assuming difficulties are a result of inability. In Malene’s case, this recognition of her own intelligence can be understood to inform her developing aspirations over time.

Shifting understandings of what it means to do well were also apparent for Freddy (20 years old, Norway), whose dreams and ambitions were also connected to normative understandings of doing well. Since he was a small child he had aspired to join a relative’s business and have secure employment, and he was working there at the beginning of the study. He especially underlined the significance of being able to work there after he had reached an age where he could do the work legally and pay his taxes. This possibility was framed as an important turning point for him; he said it made him stop using drugs and committing crimes, which he had started when he was in residential care. At the time of the first interview, however, he was planning to leave his job and go back to school; age-specific regulations in the Norwegian system mean that possibilities for return to education would cease to be

⁷ Sung by Adam Sandler in the film, *The Wedding Singer*, see https://www.youtube.com/watch?v=11A_X8VMlQ.

available if he waited longer. However, his aspirations had shifted focus – rather than the specialism of the family business, Freddy expressed a desire to pursue a career within the child welfare sector, helping others, and inspired by his experience of working with a charity in the sector. Interviewed a year later, his aspirations had changed again; he was planning to do a degree in social sciences and talked about how Norwegian society demands a certain level of formal education in order to get a proper job. Freddy's narrative illustrates how strongly held aspirations can shift over time, but also how life as an ongoing project is shaped by everyday opportunities, structural contexts and cultural expectations: his opportunities to work with his relative and to volunteer with a child welfare charity influence his ideas, but it is the time constraints of the Norwegian education system that prompt a change of direction, and his understanding of societal pressures that ultimately determines his choice of degree. Like Malene, Freddy had a history of substance use, and he explained that dealing with this is a continuous process. At his follow up interview a year later, he described a recent relapse when he was travelling, and observed:

But it turned out well. It was just for a week and then I were back to my usual self. I don't have time to use drugs, I can't do it and don't want it either.

Malene's and Freddy's experiences illuminate the temporalities of doing well – and the ways in which ongoing challenges are navigated over time. Both of them continue to manage their histories of drug use, but neither is defined by these lapses; rather, they are able to situate them as disruptions within a wider positive understanding of their lives and future plans.

5. Discussion

In this paper, we set out to question normative risk-focused conceptualizations of 'outcomes' for young adults who have been in care, noting the reliance within administrative data on readily measurable population indicators such as education, employment, and involvement in criminal justice. We have addressed our objective through an in-depth qualitative and longitudinal exploration of meanings of 'doing well', involving care experienced people who have experienced success in relation to the traditional indicators of participation in education and employment. Our findings resonate with Nico's (2016: 2108) argument for attention to 'the epistemological integrity and multi-dimensionality of the "lives lived" and "stories told"' – in other words, as she writes, bringing the life back into life course research.

Many participants emphasised aspects of 'doing well' that are not usually reflected when we read about outcomes for care experienced children and youth – not least, the significance of subjectivity and self-recognition, of having ordinary, happy, mundane and do-able lives. Perhaps this is because subjectivities are not easily measurable through standardized approaches – although there are notable exceptions in recent research using survey methodology to study well-being for care experienced children (e.g., Lausten & Frederiksen, 2016; Rees et al., 2010; Selwyn et al., 2017), which have relevance for the development of population-level administrative data collection. The development of this research base is crucial if ordinary and mundane aspects of doing well are to be recognized in social policy, and prioritized in professional practice to support young people in and after care. Without this, we risk overlooking life dimensions that young people themselves find important, and we fail to recognize (and value) their own understandings of doing well. Smith, Cameron, and Reimer (2017:1614) make a case for the relevance of Honneth's (e.g. 2001) theory of recognition to policy and practice with children in care, arguing for "a basic moral demand for recognition of and being recognised by others". Such recognition is not only about interpersonal relationships, but fundamentally requires social, political and economic justice, driving legal frameworks

such as entitlements to after care support. As Fraser (2001: 26) argued:

misrecognition is wrong because it constitutes a form of institutionalized subordination – and thus, a serious violation of justice.

In raising such considerations, our intention is not to contest the importance of monitoring life course experiences including health, education and employment for children in (and after) care. Outcome studies have played a crucial role in raising awareness of the inequalities and risk of disadvantage that care experienced people face, and so in mobilizing systems both at a policy and practice level in order to provide for sufficient support. Rather, we argue that these outcome indicators do not go far enough, only measuring a small part of what young people *themselves* see as important. The danger is that a narrow interpretation of outcomes leads to *misrecognition* – a stigmatizing 'way of seeing' in Tyler and Slater's terms (2018: 731) – and hence risk a lack of attention in policy and practice to the complex, dynamic relationality of doing well. For young people in our study, understandings of doing well were not solely defined by their past adversities, but – as is true for us all – past experience and imagined futures (are) inevitably intertwined through everyday lives in time (Andrews, 2014). The emphasis that people placed on quotidian security and domestic practices shows that, to understand how to support young people who have been in care, we need to recognize how past hardships (both in care and before entering care) shape understandings of doing well in everyday lives. Such considerations reveal the need to bring more complexity into the conceptualization of 'outcomes' for care experienced young people. Everyday life is inescapably political (de Certeau, 1984), and across the very different national contexts of Norway, Denmark and England, the examples discussed here indicate the importance of adequate welfare support to provide the scaffolding necessary for a manageable life, especially when people are faced with ongoing challenges such as mental health needs or lack of informal or family support.

Our study did not include a comparison group of young adults without care experience, and it is of course very likely that many of the aspects of doing well that were emphasized in our interviews would be common amongst young adults in the general population – quotidian happiness and security, parenthood, friendships and romantic relationships, and so on. This observation relates to another facet of recognition as a counter to stigma: attending to the *ordinary* helps challenge the potential "othering" that arises when success (or failure) for care experienced people is narrowly defined. We can appreciate young people's understanding of doing well in relation to their biographical experience, without reducing them to their care histories. This helps to appreciate the importance of participants' resistance of neoliberal discourses of economic autonomy and productivity, including emphasis on living a 'do-able' life as a marker of success – and so to grasp the full socio-political meaning of their definitions of 'doing well'.

In conceptualizing outcomes following care, participants' narratives of interdependent relationality can be understood in two ways. First, and in line with other studies of youth transitions and early adulthood (e.g., McDowell, 2012; Skattebol, 2011), their experiences belie hegemonic discourses of the autonomous liberal individual. But equally, they demonstrate how participants' engagement with normative aspirations for interdependent adult lives – establishing a family and having friends – are central to their understandings of doing well. Their accounts show how positive relationships can scaffold possibilities for doing well, and the emotional connections they describe – with partners, friends, children, and other family members – reveal the inherent relational contingencies of well-being. Relatedly, understandings of doing well are inevitably dynamic – shifting over time and in line with life changes and events. Together, these findings challenge the conceptualization of 'outcomes' as an end point – a fixed moment when it is time to sum up the score. It is clear from our research that doing well

(or not) is neither fixed nor linear; the value of that is apparent in the strength that Malene and Freddy draw from understanding doing well as an ongoing project, which continues even if there are stumbles along the way.

Of course it is not surprising that participants in our study expressed normative aspirations for success in education, employment and family and economic life, and recognized the normative pressures of the societies in which they live. But their narratives indicate the value – for research, policy and practice – of a broader, dynamic and relational conceptualization of outcomes, and a diversified understanding of success. Besides capturing more of what young people themselves emphasize as important, this broader conceptualization would also address risk of misrecognition, and so helps to address the critical tension between justice and the ‘good life’ (cf. Fraser, 2001): ‘stigmatisation arises in contexts that are shaped by unequal relations of power’ (Tyler & Slater, 2018:725). Defining which outcomes warrant attention for care experienced people represents an exercise of power, because it shapes political, policy and professional capacities to recognise (and respond to) the complexity of their lives.

Our research indicates the value of an understanding of outcomes that recognizes the efforts that people make – for example through structure and planning – to secure manageable and happy lives in the context of continuing ongoing challenges and inequalities (both economic and political, in terms of resources for scaffolding transitions through early adulthoods). Moreover, and without reducing participants’ complex lives to their care histories, the emphasis that people placed on quotidian security and domestic practices was striking (and consistent with other research). From a position of relative economic privilege and security, researchers, policy makers and professionals may take for granted the resources to take care of their home and their personal health and hygiene. That was not the case for many people in our sample, and their biographical experiences highlight the distinctive significance of what might otherwise be overlooked as mundane.

Bringing these wider dimensions into a reconceptualization of outcomes should engender possibilities to recognize children and young people in child welfare systems and so to support them to experience good ‘outcomes’, or rather, to achieve their aspirations for ‘doing well’ over time. Conversely, a failure to engage with diversity, relationality and fluidity risks communicating a reductive understanding of care experienced people, reinforcing the negative stereotypes that Sofie, Natalie and others associated with being part of the care system. This gives reason for concern because it can shape young people’s understanding of themselves (as well as how they are understood by others), as when Malene observed that she had associated her struggles with school as lack of intelligence, rather than not having ‘the peace to learn’. Several studies (including *Against All Odds?*, see Hanrahan et al., 2020) have reported children and young people in child welfare systems experience being met with low expectations regarding their educational ability (e.g., Mannay et al., 2017). It is also quite common that children and young people experience shame related to being placed in care – an experience also reported by parents (especially mothers) of children placed in care (cf. Morriss, 2018; Toros, DiNitto, & Tiko, 2018). A diversified conceptualization of outcomes, including attention to dimensions that are less readily measurable in administrative data, may also help with recognizing, valuing and supporting aspects of care experienced lives that are not care specific – such as friendships and other important relationships. Attention to commonalities, rather than a focus on risk and differences, is likely to help mitigate the risk of stigma.

6. Conclusion

The conceptualization of outcomes is inherently political, because it shapes policy decisions about funding and priorities for welfare systems and professional services. This is clearly a crucial function – for example, awareness of educational disadvantage for young people in care

in England led to the creation of specific policies designed to support them in school or into university (see Berridge, Henry, Jackson, & Turney, 2009; Jackson & Cameron, 2014). Consequently, failure to recognize the complex subjectivities of ‘doing well’ may result in lack of policy attention to supporting, for example, ordinary and ‘mundane’ aspects of quotidian lives or important relationships with friends or family. There is always a risk that a lens directing attention towards adversity may overshadow ‘ordinary’ aspects in life, giving rise to misrecognition in Honneth’s (e.g., 2001) terms.

Narrowly normative understandings of outcomes may result in policy and professional resources being concentrated on educational achievement or employment. Of course, these are critical areas for support within the welfare system, and were also highlighted as important by our participants. But if other aspects of life are overlooked, the system communicates that securing everyday wellbeing – the ordinary ‘do-able life’ – is not important for care experienced people. As well as failing to recognize what matters to young people themselves, a narrow perspective on individual outcomes may – especially in contexts of welfare austerity – result in insufficient attention to scaffolding young adults in their interdependent everyday lives. Most participants in our study were not without support in the quotidian aspects of their lives, including from social workers, foster carers and residential care workers. Rosa’s gift of a reclining chair from her former foster carers highlights their care for her everyday comfort and wellbeing. But arguably – and perhaps especially in political contexts of economic austerity – it is more challenging for frontline professionals to resource and prioritize apparently mundane and quotidian aspects of young people’s lives if the significance of these aspects of doing well is not explicitly prioritized in leaving care research or in social policy. The very nature of everyday life – habitual, difficult to study, and taken for granted – may make it more likely to be neglected within care and after care services.

A narrow conceptualization of outcomes gives rise to danger of establishing care experienced people as ‘other’, and hence positioning them, in Gruber (1989; 617) words quoted at the beginning of this paper, as ‘constantly in search of themselves and [...] perpetually fail [ing] the criteria set for them.’ An alternative conceptualization of outcomes can encompass normative indicators such as education and employment, but go further – and by recognizing dynamic subjectivity and relationality, avoid objectifying care experienced people. This expanded conceptualization challenges researchers, policy makers and child welfare workers to recognize relational interdependence, and so to identify and address diverse and dynamic support needs for care experienced people through childhood and beyond.⁸ This depends on a second facet of recognition – namely, political and economic justice – to appreciate the effort involved and support required to achieve quotidian security and a ‘do-able life’ in whatever form that takes: in Peter’s words, ‘to live a life that you feel is good for you’.

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CRedit authorship contribution statement

Elisiv Bakketeig: Funding acquisition, Resources, Data curation, Conceptualization, Investigation, Formal analysis, Writing - original

⁸ A condition for this to happen is that these arguments for an expanded conceptualization of outcomes are made known to practitioners and policy-makers and other relevant stakeholders, so there is an ethical duty for us as researchers to continue to engage with professional stakeholders and make our findings accessible to inform their strategic planning and practice.

draft. **Janet Boddy:** Funding acquisition, Resources, Methodology, Data curation, Conceptualization, Investigation, Formal analysis, Writing - original draft. **Tonje Gundersen:** Resources, Data curation, Conceptualization, Investigation, Formal analysis, Writing - review & editing. **Jeanette Østergaard:** Resources, Methodology, Data curation, Conceptualization, Investigation, Formal analysis, Writing - review & editing. **Fidelma Hanrahan:** Resources, Data curation, Conceptualization, Investigation, Formal analysis.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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